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| Fill in this information to identify your c | | |
|--|---|--------------------------------------|
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known): | Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13 | ☐ Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: **Identify Yourself** About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Your full name Write the name that is on your William government-issued picture First Name First Name identification (for example, your driver's license or Middle Name Middle Name passport). **Kimmons** Last Name Bring your picture Last Name identification to your meeting with the trustee. Suffix (Sr., Jr., II, III) Suffix (Sr., Jr., II, III) All other names you have used in the last 8 First Name First Name years Middle Name Middle Name Include your married or maiden names. Last Name Last Name Only the last 4 digits of xxx - xx - 9 0 4 9xxx - xx - ____ ___ ___ your Social Security number or federal OR OR **Individual Taxpayer** Identification number 9xx - xx - ____ ___

(ITIN)

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| Debtor 1 William First Name | | | Case number (if known) | | |
|-----------------------------|--|---|---|--|--|
| | First Name | | All and Daldon (Organiza Caladia a India Cara) | | |
| _ | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | |
| 4. | Any business names and Employer Identification Numbers | I have not used any business names or EIN | s. I have not used any business names or EINs. | | |
| | (EIN) you have used in the last 8 years | Business name | Business name | | |
| | Include trade names and doing business as names | Business name | Business name | | |
| | doing business as names | Business name | Business name | | |
| | | EIN | EIN | | |
| | | EIN | EIN | | |
| 5. | Where you live | | If Debtor 2 lives at a different address: | | |
| | | 912 Ronald Terrace | | | |
| | | Number Street | Number Street | | |
| | | | · - | | |
| | | Round Lake Beach IL 60073 | | | |
| | | City State ZIP Code | City State ZIP Code | | |
| | | Lake | - On the second | | |
| | | County | County | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address. | | |
| | | Number Street | Number Street | | |
| | | P.O. Box | P.O. Box | | |
| | | City State ZIP Code | City State ZIP Code | | |
| 6. | Why you are choosing this district to file for | Check one: | Check one: | | |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | |
| | | I have another reason. Explain. (See 28 U.S.C. § 1408.) | I have another reason. Explain. (See 28 U.S.C. § 1408.) | | |
| Р | art 2: Tell the Cour | t About Your Bankruptcy Case | | | |
| 7. | The chapter of the Bankruptcy Code you | Check one: (For a brief description of each, see N for Bankruptcy (Form 2010)). Also, go to the top o | otice Required by 11 U.S.C. § 342(b) for Individuals Filing f page 1 and check the appropriate box. | | |
| | are choosing to file under | Chapter 7 | | | |
| | | Chapter 11 | | | |
| | | Chapter 12 | | | |
| | | — Chapter 13 | | | |

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| Deb | otor 1 William | | Kimmons | Case numbe | r (if known) _ | | |
|-----|---|-------------------------|---|--|--|---|----------------------------|
| | First Name | Middle Name | Last Name | | | | |
| 8. | How you will pay the fee | court pay w | pay the entire fee when I file my petit for more details about how you may pa with cash, cashier's check, or money ord If, your attorney may pay with a credit ca | y. Typically, i der. If your att | f you are pay orney is subn | ing the fee yoursonitting your paym | elf, you may |
| | | | d to pay the fee in installments. If you duals to Pay Your Filing Fee in Installm | | | and attach the Ap | plication for |
| | | By la than fee in | west that my fee be waived (You may w, a judge may, but is not required to, w 150% of the official poverty line that apprint installments). If you choose this option Fee Waived (Official Form 103B) and the | <i>r</i> aive your fee, plies to your fa n, you must fil | and may do amily size and l out the Appl | so only if your ind d you are unable | come is less to pay the |
| 9. | Have you filed for | ☑ No | | | | | |
| | bankruptcy within the last 8 years? | Yes. | | | | | |
| | | District _ | | When | I / DD / YYYY | Case number _ | |
| | | District _ | | When | I/DD/YYYY | Case number _ | |
| | | District _ | | When | | Case number _ | |
| 10. | Are any bankruptcy | ☑ No | | | | | |
| | cases pending or being filed by a spouse who is | ☐ Yes. | | | | | |
| | not filing this case with you, or by a business | Debtor _ | | | Relationshi | ip to you | |
| | partner, or by an affiliate? | District _ | | | I/DD/YYYY | Case number, _ if known | |
| | | Debtor _ | | | Relationshi | ip to you | |
| | | District _ | | When | I / DD / YYYY | Case number, _ if known | |
| 11. | Do you rent your residence? | ✓ No. ☐ Yes. | Go to line 12. Has your landlord obtained an eviction residence? | n judgment ag | ainst you and | d do you want to s | stay in your |
| | | | No. Go to line 12. Yes. Fill out Initial Statement Ab | | n Judgment A | Against You (Forr | n 101A) |

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| Deb | tor 1 | William | | | Kimmons | Case number (if | known) | | |
|----------------------------------|---|---|------------|------------|---|--|------------------------------|--------------------------|----------------------------------|
| _ | - 1.0 | 1 | /liddle N | | Last Name | Oak Barrier | | | |
| Pa | art 3: | Report About Ar | ny Bu | ISINE | sses You Own as a | a Sole Proprietor | | | |
| 12. | Are you a sole proprietor of any full- or part-time business? A sole proprietorship is a business you operate as an individual, and is not a | | | | Go to Part 4. Name and location of both Name of business, if any | usiness | | | |
| | separate | al, and is not a e legal entity such as ration, partnership, or | | | Number Street | | | | |
| | sole pro | ave more than one prietorship, use a e sheet and attach it etition. | | | Health Care Busin Single Asset Rea Stockbroker (as d | box to describe your business: ness (as defined in 11 U.S.C. § 7 I Estate (as defined in 11 U.S.C. efined in 11 U.S.C. § 101(53A)) er (as defined in 11 U.S.C. § 101 | . § 101(51B)) | ZIP Cod | de |
| 13. | Chapter Bankru are you | I filing under r 11 of the ptcy Code and a s <i>mall busin</i> ess | can mos | set ap | propriate deadlines. If you | the court must know whether you you indicate that you are a small tent of operations, cash-flow states to exist, follow the procedure in 1 mapter 11. | business de tement, and f | btor, you federal ind | must attach your come tax return |
| | | inition of small debtor, see | | No. | I am filing under Chapt the Bankruptcy Code. | er 11, but I am NOT a small bus | siness debtor | according | g to the definition in |
| | 11 U.S. | C. § 101(51D). | | Yes. | I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | | | ne definition in the |
| Pa | art 4: | Report If You Ov | wn or | Hav | e Any Hazardous F | Property or Any Property | That Nee | ds Imm | ediate Attention |
| 14. Do you propert alleged | | own or have any y that poses or is to pose a threat of nt and identifiable | | No Yes. | What is the hazard? | | | | |
| | safety? any pro | to public health or Or do you own perty that needs ate attention? | | | If immediate attention i | is needed, why is it needed? | | | |
| | perishal livestoc | mple, do you own ble goods, or k that must be fed, or ng that needs urgent | | | Where is the property? | Number Street | | | |
| | | | | | | City | ; | State | ZIP Code |

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William **Kimmons** Debtor 1 Case number (if known) First Name Middle Name Last Name

Part 5: **Explain Your Efforts to Receive a Briefing About Credit Counseling**

About Debtor 1:

15. Tell the court whether you have received briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

You must check one: I received a briefing from an approved credit

counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

My physical disability causes me Disability. to be unable to participate in a briefing in person, by phone, or through the internet, even after I

reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

 □ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion to Native to Edition this individual in Floor for Banks Hollow waiver of credit counseling with the 8898.5

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| Deb | otor 1 | William First Name | Middle N | lame | Kimmons Last Name | | Case number (if | know | n) |
|-----|--------------------|--|----------|---------------------------------|---|----------|--|--------|--|
| Ρ | art 6: | Answer These | Quest | ions | for Reporting P | urpos | ses | | |
| 16. | What ki | ind of debts do you | 16a | | • | idual pr | sumer debts? Consumer de imarily for a personal, family, | | re defined in 11 U.S.C. § 101(8) usehold purpose." |
| | | | 16b | | • | r invest | iness debts? Business debt ment or through the operation | | debts that you incurred to obtain e business or investment. |
| | | | 16c | . Sta | te the type of debts | you owe | e that are not consumer or bus | siness | s debts. |
| 17. | Are you | ı filing under r 7? | | No. | I am not filing unde | er Chap | ter 7. Go to line 18. | | |
| | any exe | you estimate that after y exempt property is cluded and | | Yes. | - | | • | • | xempt property is excluded and to distribute to unsecured creditors? |
| | are pai availab | strative expenses d that funds will be le for distribution cured creditors? | | | Yes | | | | |
| 18. | | any creditors do iimate that you | | 1-49 50-99 100-7 200-9 | 199 | | 1,000-5,000 5,001-10,000 10,001-25,000 | | 25,001-50,000 50,001-100,000 More than 100,000 |
| 19. | | uch do you de your assets to th? | □ □ | \$50,0 \$100 | 50,000 001-\$100,000 ,001-\$500,000 ,001-\$1 million | | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| 20. | | uch do you e your liabilities to | | \$50,0 \$100 | 50,000 001-\$100,000 ,001-\$500,000 ,001-\$1 million | | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |

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| Debtor 1 | William | | Kimmons | Case number (if known) | | | | | |
|----------|------------|---|--|--|--|--|--|--|--|
| | First Name | Middle Name | Last Name | | | | | | |
| Part 7: | Sign Below | | | | | | | | |
| For you | | I have exami | ined this petition, and I decl | lare under penalty of perjury that the information provided is true | | | | | |
| | | or 13 of title | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. | | | | | | |
| | | ot pay or agree to pay someone who is not an attorney to help me nd read the notice required by 11 U.S.C. § 342(b). | | | | | | | |
| | | I request reli | ef in accordance with the cl | lance with the chapter of title 11, United States Code, specified in this petition. | | | | | |
| | | connection w | • | concealing property, or obtaining money or property by fraud in result in fines up to \$250,000, or imprisonment for up to 20 years, and 3571. | | | | | |
| | | | am Kimmons (immons, Debtor 1 | X Signature of Debtor 2 | | | | | |
| | | | on <u>04/11/2016</u> MM / DD / YYYY | Executed on | | | | | |

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| Debtor 1 | William | | Kimmons | Case number (if know | m) |
|--|------------|--|---|---|--|
| | First Name | Middle Name | Last Name | | , |
| For your attorney, if you are represented by one If you are not represented by an attorney, you do not need | | eligibility to p relief availabl the debtor(s) | roceed under Chapter 7, 1 le under each chapter for v the notice required by 11 t | which the person is eligible. I als U.S.C. § 342(b) and, in a case in | ates Code, and have explained the o certify that I have delivered to |
| to file this page. | | is incorrect. | 3 | | , |
| | | | eth S. Borcia of Attorney for Debtor | Date | 04/11/2016 MM / DD / YYYY |
| | | Kenneth | S. Borcia | | |
| | | Printed na | ame ı S. Borcia & Associate | ae | |
| | | Firm Nam | | , , , , , , , , , , , , , , , , , , , | |
| | | | Milwaukee, Suite A-3 | | |
| | | Number | Street | | |
| | | | | | |
| | | Libertyv | ille | IL | 60048 |
| | | City | | State | ZIP Code |
| | | Contact p | hone (847) 634-8800 | Email address | |
| | | 3125988 | | | |
| | | Bar numb | er | State | _ |

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| Fill in this in | nformation to identify | your case and this filing: | | |
|---|--|---|---|-----|
| Debtor 1 | William | Kimmons | | |
| Debtor 1 | | dle Name Last Name | | |
| Debtor 2 (Spouse, if filing | g) First Name Midd | dle Name Last Name | | |
| | | | | |
| United States E | Bankruptcy Court for the: NO | RTHERN DISTRICT OF ILLINOIS | <u>IS</u> | |
| Case number (if known) | | | Check if this is an amended filing | |
| Official For | m 106A/B | | | |
| | A/B: Property | | 12 | /15 |
| the asset in the filing together, k sheet to this for Part 1: | category where you think is both are equally responsiblem. On the top of any additionable Each Residen | t fits best. Be as complete and acci e for supplying correct information. ional pages, write your name and ca | If an asset fits in more than one category, list curate as possible. If two married people are n. If more space is needed, attach a separate case number (if known). Answer every question. Real Estate You Own or Have an Interest In | |
| ☐ No. Go | o to Part 2. Where is the property? | able interest in any residence, build | iding, iand, or similar property? | |
| 1.1. home - 912 Ro Beach | onald Terr., Round Lake | What is the property? Check all that apply. ☐ Single-family home | Do not deduct secured claims or exemptions. Pu amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property | |
| Dodon | | Duplex or multi-unit building Condominium or cooperative | Current value of the entire property? Current value of the portion you own? |) |
| County | | Manufactured or mobile homeLand | e \$47,500.00 \$47,500.0 | 00 |
| | | Investment property Timeshare Other | Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known. | |
| | | Who has an interest in the prope | perty? joint tenants | |
| | | Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and | Check if this is community property (see instructions) | |
| | | Other information you wish to ac property identification number: | add about this item, such as local | |
| | | own for all of your entries from Pa or Part 1. Write that number here | | 00_ |
| Part 2: D | escribe Your Vehicles | i | | |
| | | - · · · · · · · · · · · · · · · · · · · | er they are registered or not? Include any vehicles ule G: Executory Contracts and Unexpired Leases. | |
| 3. Cars, vans, | trucks, tractors, sport utili | ty vehicles, motorcycles | | |
| □ No ⊽ Yes | | | | |

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| Deb | tor 1 | William First Name | Middle Name | Kimmons Last Name | Case number (if known) | |
|-------------|---------------------|-----------------------|---|---|---|---|
| 3.1. Mak | æ: | | | Who has an interest in the property? Check one. Debtor 1 only | Do not deduct secured clair amount of any secured clair Creditors Who Have Claims | ms on Schedule D: |
| Yea | | | | Debtor 2 only | Current value of the | Current value of the |
| | roximate | mileage: | | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | er informa | | | At least one of the debtors and another | ther \$500.00 | \$500.00 |
| | 5 Dodge | | | Check if this is community proper (see instructions) | rty | |
| 4. | | | | and other recreational vehicles, other al watercraft, fishing vessels, snowmobile | | |
| | ✓ No ☐ Yes | | | | | |
| 5. | | | | own for all of your entries from Part 2, i Part 2. Write that number here | | \$500.00 |
| Pa | art 3: | Describe | Your Personal a | and Household Items | | |
| Doy | you own | or have any l | egal or equitable in | terest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 6. | | - | d furnishings iances, furniture, line | ens, china, kitchenware | | |
| | □ No ✓ Yes | Describe | _ | ove,washer/dryer bedroom furnitur video & computer equipment, mis | _ | \$1,500.00 |
| 7. | Electron Example | es: Televisions | | video, stereo, and digital equipment; com evices including cell phones, cameras, m | • | |
| | ✓ No ☐ Yes | Describe | | | | |
| 8. | | • | | gs, prints, or other artwork; books, picture ollections; other collections, memorabilia | | |
| | □ No ☑ Yes | Describe | Books, pictures | & collections | | \$45.00 |
| 9. | | es: Sports, pho | • . | , and other hobby equipment; bicycles, potools; musical instruments | ool tables, golf clubs, skis; | |
| | □ No ☑ Yes | Describe | sports & hobby | equipment | | \$35.00 |
| 10. | Firearm Example | | es, shotguns, ammu | nition, and related equipment | | |
| | ✓ No ☐ Yes | Describe | | | | |
| 11. | Clothes Example | es: Everyday o | clothes, furs, leather | coats, designer wear, shoes, accessorie | s | |
| | □ No ✓ Yes | Describe | clothing | | | \$85.00 |

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| Deb | tor 1 | William | | Kimmons | <u>; </u> | Case number (if known) | |
|------|-------------------|---|-------------|---|--|----------------------------------|---|
| | | First Name | Middle N | lame Last Name | | | |
| 12. | Jewelry Exampl | | ry, costum | e jewelry, engagement rin | gs, wedding rings, h | neirloom jewelry, watches, gems, | |
| | □ No ☑ Yes | s. Describe Fui | rs & jewe | elry | | | \$65.00 |
| 13. | | m animals es: Dogs, cats, bird | ds, horses | | | | |
| | ✓ No ☐ Yes | s. Describe | | | | | |
| 14. | Any oth | • | ousehold | items you did not alread | ly list, including an | ny health aids you | |
| | | s. Give specific | | | | | |
| 15. | | | | ntries from Part 3, includer here | | | \$1,730.00 |
| Pa | art 4: | Describe You | ur Finan | cial Assets | | | |
| Do y | ou own | or have any legal | or equital | ole interest in any of the | following? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. | Cash Exampl | es: Money you hav petition | e in your v | wallet, in your home, in a s | afe deposit box, and | d on hand when you file your | |
| | □ No ✓ Yes | j | | | | Cash: | \$10.00 |
| 17. | • | - | ses, and of | er financial accounts; cert her similar institutions. If | • | | |
| | □ No ✓ Yes | 3 | | Institution name: | | | |
| | 17 | .1. Checking acc | count: | Consumers Co-Op | | | \$200.00 |
| 18. | | mutual funds, or pes: Bond funds, inv | | aded stocks ccounts with brokerage fir | ms, money market a | accounts | |
| | | 3 | Institutio | n or issuer name: | | | |
| 19. | | blicly traded stock est in an LLC, par | | ests in incorporated and and joint venture | d unincorporated b | usinesses, including | |
| | info | s. Give specific rmation about m | Name of | entity: | | % of ownership: | |
| 20. | Negotia | ble instruments inc | lude perso | and other negotiable and nal checks, cashiers' chec you cannot transfer to so | cks, promissory note | es, and money orders. | |
| | info | s. Give specific rmation about | Issuer na | ame: | | | |

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| Deb | tor 1 William | | Kimmons | Case number (if known) | |
|-----|--|----------------------|---|---|---|
| | First Name | Middle Name | Last Name | | |
| 21. | Retirement or pension a Examples: Interests in IF profit-sharing | RA, ERISA, Keogh, 40 | 01(k), 403(b), thrift savings a | accounts, or other pension or | |
| | □ No | | | | |
| | Yes. List each account separately. | Type of account: | Institution name: | | |
| | | IRA: | IRA - American Natio | onal Insurance | \$184,000.00 |
| | | IRA: | Jackson Life Insura | nce | \$20,000.00 |
| 22. | | deposits you have ma | · · · · · · · · · · · · · · · · · · · | ne service or use from a company c, gas, water), telecommunications | |
| | ☑ No | | | | |
| | Yes | | Institution name or individu | | |
| 23. | ☑ No | | | ther for life or for a number of years) | |
| | Yes | | | | |
| 24. | 26 U.S.C. §§ 530(b)(1), 5 | • | | ram, or under a qualified state tuition pro | ogram. |
| | ✓ No ☐ Yes | Institution name a | nd description. Separately | file the records of any interests. 11 U.S.C. | . § 521(c) |
| 25. | Trusts, equitable or fute powers exercisable for | | erty (other than anything li | isted in line 1), and rights or | |
| | No ☐ Yes. Give specific information about the | em | | | |
| 26. | | | ets, and other intellectual proceeds from royalties and | | |
| | ✓ No ✓ Yes. Give specific information about the | em | | | |
| 27. | Licenses, franchises, a Examples: Building pern | - | _ | noldings, liquor licenses, professional licen | ses |
| | ✓ No ☐ Yes. Give specific information about the | em | | | |
| Mon | ey or property owed to | you? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax refunds owed to yo | ou | | | |
| | ☑ No | | | | |
| | Yes. Give specific in | | | Federa | l: \$0.00 |
| | about them, including you already filed the | • | | State: | \$0.00 |
| | and the tax years | | | Local: | \$0.00 |

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| Deb | tor 1 | William First Name | Middle Name | Kimmons Last Name | Case number (if known) | |
|-----|---------------|---|--|--|--|----------------------------|
| 29. | Examp | | p sum alimony, spousa | al support, child support | , maintenance, divorce settlement, pro | perty settlement |
| | ✓ No | s. Give specific info | rmation | | Alimony: | \$0.00 |
| | _ | | | | Maintenance: | \$0.00 |
| | | | | | Support: | \$0.00 |
| | | | | | Divorce settler | ment: \$0.00 |
| | | | | | Property settle | ment: \$0.00 |
| 30. | Examp No | compensation, S | disability insurance pay Social Security benefits | yments, disability benefi s; unpaid loans you mad | ts, sick pay, vacation pay, workers' de to someone else | |
| 31. | | ets in insurance poli les: Health, disability | | alth savings account (HS | SA); credit, homeowner's, or renter's in | surance |
| | cor | s. Name the insuran mpany of each policy d list its value | <i>'</i> | | Beneficiary: | Surrender or refund value: |
| 32. | If you a | re the beneficiary of | • | | rance policy, or are currently | |
| | ✓ No ☐ Yes | s. Give specific info | rmation | | | |
| 33. | Examp | les: Accidents, empl | | u have filed a lawsuit of rance claims, or rights to | or made a demand for payment | |
| | ✓ No ☐ Yes | s. Describe each cla | aim | | | |
| 34. | rights | to set off claims | quidated claims of ev | ery nature, including o | counterclaims of the debtor and | |
| | ✓ No ☐ Yes | s. Describe each cla | aim | | | |
| 35. | Any fin | nancial assets you o | did not already list | | | |
| | ✓ No ☐ Yes | s. Give specific info | rmation | | | |
| 36. | | | - | | ntries for pages you have | \$204,210.00 |
| Pa | art 5: | Describe Any B | susiness-Related | Property You Own | or Have an Interest In. List a | any real estate in Part 1. |
| 37. | Do you | ı own or have any le | egal or equitable inte | rest in any business-re | elated property? | |
| | ت | . Go to Part 6. s. Go to line 38. | | | | |

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| Deb | tor 1 | William | | Kimmons | Case number (if known) | |
|-----|---------------|--------------------------------|--|---|--|---|
| | | First Name | Middle Name | Last Name | | Current value of the |
| | | | | | | Current value of the portion you own? |
| | | | | | | Do not deduct secured claims or exemptions. |
| 38. | Accour | nts receivable or | commissions you al | ready earned | | dams of exemptions. |
| | ☑ No | | | | | |
| | ☐ Yes | s. Describe | | | | |
| 39. | | | shings, and supplies | | dem Committee man Gladen | |
| | Exampi | | ated computers, softwars, electronic devices | are, modems, printers, cop | piers, fax machines, rugs, telephones, | |
| | ☑ No | | | | | |
| | ☐ Yes | s. Describe | | | | |
| 40. | Machin | ery, fixtures, eq | uipment, supplies yo | u use in business, and to | ools of your trade | |
| | ✓ No | . | | | | |
| | _ | s. Describe | | | | |
| 41. | Invento | ory | | | | |
| | ✓ No | s. Describe | | | | |
| 12 | _ | | s or joint ventures | | | |
| 72. | | is in partilersinp | s or joint ventures | | | |
| | ✓ No | s. Describe N | lame of entity: | | % of ownership: | |
| 43. | Custon | ner lists, mailing | lists, or other compi | lations | | |
| | ☑ No | | | | | |
| | ☐ Yes | s. Do your lists i ☐ No | nclude personally id | entifiable information (as | s defined in 11 U.S.C. § 101(41A))? | |
| | | Yes. Desc | cribe | | | |
| 44. | Any bu | siness-related p | roperty you did not a | Iready list | | |
| | ⋈ No | | | | | |
| | Yes | s. Give specific in | nformation. | | | |
| 45. | | | • | | entries for pages you have | \$0.00 |
| | | a lor raito. Wi | ne that hamber here. | | | |
| P | | | | nercial Fishing-Rela farmland, list it in Part | ited Property You Own or Have a | n Interest In. |
| | | , | | , | | |
| 46. | - | | y legal or equitable in | nterest in any farm- or co | ommercial fishing-related property? | |
| | _ | Go to Part 7. Go to line 47. | | | | |
| | | s. 00 to line 47. | | | | |
| | | | | | | Current value of the portion you own? |
| | | | | | | Do not deduct secured |
| 47. | Farm a | nimals | | | | claims or exemptions. |
| | | | oultry, farm-raised fish | | | |
| | ✓ No ☐ Yes | | | | | |
| | ⊔ '`` | | | | | - |

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| Deb | | Kimmons | Case nu | umber (if known) | |
|------------|--------------------------------|---|-----------------------|--------------------|---------------------|
| | First Name | Middle Name Last Name | | | |
| 48. | Cropseither growing or | harvested | | | |
| | ☑ No | | | | |
| | Yes. Give specific | | | | |
| | information | | | | |
| 49. | Farm and fishing equipm | ent, implements, machinery, fixtures | , and tools of trade | | |
| | ☑ No | | | | |
| | Yes | | | | - |
| 50. | Farm and fishing supplie | s, chemicals, and feed | | | |
| | ☑ No | | | | |
| | Yes | | | | |
| 51. | Any farm- and commercia | al fishing-related property you did no | t already list | | |
| | ☑ No | | | | |
| | Yes. Give specific information | | | | |
| | | II of commented as forces Book O. Souther Book | | | |
| 52. | | II of your entries from Part 6, includin that number here | | _ | \$0.00 |
| | | | | | |
| Pa | art 7: Describe All Pr | roperty You Own or Have an Ir | nterest in That You D | Did Not List Above | |
| 53 | Do you have other proper | rty of any kind you did not already lis | :+? | | |
| 00. | Examples: Season tickets | | | | |
| | ☑ No | | | | |
| | Yes. Give specific info | ormation. | | | |
| | _ | | | _ | ¢0.00 |
| 54. | Add the dollar value of al | Il of your entries from Part 7. Write th | at number here | → | \$0.00 |
| Pa | art 8: List the Totals | of Each Part of this Form | | | |
| 55. | Part 1: Total real estate. | line 2 | | → | \$47,500.00 |
| | r art in rotarrour octato, i | | | | Ψ11,000.00 |
| 56. | Part 2: Total vehicles, line | e 5 | \$500.00 | | |
| 5 7 | Port 2: Total paragnal and | d household items, line 15 | ¢1 720 00 | | |
| 57. | Part 3. Total personal and | u nousenoia items, ime 13 | \$1,730.00 | | |
| 58. | Part 4: Total financial ass | sets, line 36 | \$204,210.00 | | |
| | | | | | |
| 59. | Part 5: Total business-rel | lated property, line 45 | \$0.00 | | |
| 60. | Part 6: Total farm- and fis | shing-related property, line 52 | \$0.00 | | |
| | | g | | | |
| 61. | Part 7: Total other proper | rty not listed, line 54 | +\$0.00 | | |
| | | 1 | | Copy personal | |
| 62. | Total personal property. | Add lines 56 through 61 | \$206,440.00 | property total | +\$206,440.00 |
| | | l | | J | |
| 63 | Total of all property on S | chadula A/R Add line 55 u line 62 | | | \$253,940.00 |
| us. | Total of all property on S | Aud line 35 + line 62 | | | <u>Ψ</u> 253,940.00 |

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| Fill in this in | formation to i | dentify your | case: | | | | |
|---|--|--|---|--------------------------------|---|--|---------|
| Debtor 1 | William | | Kimmons | s | | | |
| | First Name | Middle Name | | | | | |
| Debtor 2 (Spouse, if filing) |) First Name | Middle Name | e Last Name | | | | |
| | | r the: NORTHE | RN DISTRICT OF I | LLIN | iois | Check if this is an | |
| Case number (if known) | | | | | | Check if this is an amended filing | |
| Official Form | n 106C | | | | | | |
| Schedule C | : The Prope | erty You Cl | aim as Exemp | ot | | | 04/16 |
| Using the property | you listed on <i>Scl</i> fill out and attach | <i>hedule A/B: Prop</i> to this page as m | perty (Official Form 106 | 6A/B | as your source, li | ally responsible for supplying correct infor st the property that you claim as exempt. necessary. On the top of any additional p | If more |
| is to state a spec exempted up to the receive certain be exemption of 100 property is determined. | ific dollar amoun he amount of any enefits, and tax-e % of fair market mined to exceed | at as exempt. Al y applicable state exempt retirement value under a la that amount, yo | Iternatively, you may tutory limit. Some ex nt funds–may be unl aw that limits the exe | claii cemp imite mpti | m the full fair man tionssuch as the d in dollar amou on to a particular | ion you claim. One way of doing so ket value of the property being ose for health aids, rights to nt. However, if you claim an dollar amount and the value of the icable statutory amount. | |
| Part II | entity the Prop | perty fou Cia | ann as Exempt | | | | |
| | exemptions are | | • | | if your spouse is t | iling with you. | |
| سخا | • | | nkruptcy exemptions. U.S.C. § 522(b)(2) | 11 U | .S.C. § 522(b)(3) | | |
| _ | _ | | | | | | |
| 2. For any prop | perty you list on | Schedule A/B th | nat you claim as exen | npt, i | ill in the informat | ion below. | |
| Brief description Schedule A/B that | | | Current value of the portion you own | | ount of the mption you clain | Specific laws that allow exempting | ion |
| | | | Copy the value from Schedule A/B | | eck only one box for h exemption | or | |
| Brief description: | | | \$47,500.00 | IJ | \$30,000.00 | 735 ILCS 5/12-901 | |
| home - 912 Ron | ald Terr., Rour | nd Lake | <u> </u> | | 100% of fair mar | | |
| Beach Line from Schedul | le A/B: 1.1 | | | | value, up to any applicable statut limit | ory | |
| Brief description: | | | \$500.00 | $\overline{\mathbf{V}}$ | \$500.00 | 735 ILCS 5/12-1001(c) | |
| 1995 Dodge Value Line from Schedul | | | | | 100% of fair mar value, up to any applicable statut | ket | |
| | | | | | limit | , | |
| (Subject to ac | djustment on 4/01. | /19 and every 3 y | more than \$160,3757 years after that for cas | es fi | | | |

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William **Kimmons** Debtor 1 Case number (if known) First Name Middle Name Last Name Part 2: **Additional Page** Brief description of the property and line on **Current value of** Amount of the Specific laws that allow exemption Schedule A/B that lists this property exemption you claim the portion you own Copy the value from Check only one box for Schedule A/B each exemption Brief description: \$1,500.00 \$1,500.00 735 ILCS 5/12-1001(b) $\overline{\mathbf{Q}}$ Refrigerator, stove, washer/dryer bedroom 100% of fair market furniture, kitchen & living room furniture, value, up to any audio, video & computer equipment, misc. applicable statutory household goods, dining room set limit Line from Schedule A/B: 6 Brief description: \$45.00 \$45.00 735 ILCS 5/12-1001(b) abla**Books, pictures & collections** 100% of fair market value, up to any Line from Schedule A/B: 8 applicable statutory limit Brief description: \$35.00 \$35.00 735 ILCS 5/12-1001(b) sports & hobby equipment 100% of fair market value, up to any Line from Schedule A/B: 9 applicable statutory limit Brief description: \$85.00 \$85.00 735 ILCS 5/12-1001(a), (e) $\overline{\mathbf{A}}$ clothing 100% of fair market value, up to any Line from Schedule A/B: 11 applicable statutory limit Brief description: \$65.00 735 ILCS 5/12-1001(b) \$65.00 $\overline{\mathbf{V}}$ Furs & jewelry 100% of fair market value, up to any Line from Schedule A/B: 12 applicable statutory limit Brief description: \$10.00 735 ILCS 5/12-1001(b) \$10.00 $\overline{\mathbf{V}}$ Cash 100% of fair market value, up to any Line from Schedule A/B: 16 applicable statutory limit Brief description: \$200.00 735 ILCS 5/12-1001(b) \$200.00 $\overline{\mathbf{V}}$ **Consumers Co-Op** 100% of fair market value, up to any Line from Schedule A/B: 17.1 applicable statutory limit 735 ILCS 5/12-704 Brief description: \$184,000.00 \$184,000.00 $\overline{\mathbf{Q}}$ **IRA - American National Insurance** 100% of fair market value, up to any Line from Schedule A/B: applicable statutory limit Brief description: \$20,000,00 735 ILCS 5/12-704 \$20,000.00 \checkmark **Jackson Life Insurance** 100% of fair market value, up to any Line from Schedule A/B: 21 applicable statutory limit

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| II in this info | ormation to id | entify your case: | | | | |
|-------------------|--|--|---|--|---|--|
| ebtor 1 | William | | Kimmons | | | |
| | First Name | Middle Name | Last Name | | | |
| ebtor 2 | | | | | | |
| pouse, if filing) | First Name | Middle Name | Last Name | | | |
| nited States Bar | okruptcy Court for | the: NORTHERN D | ISTRICT OF ILL INC | ois | | |
| | intupitoy Court for | inc. <u>Itorrinera b</u> | IOTRIOT OF ILLING | | | |
| | | | | | ☐ Check if this is | s an |
| | | | | | amended filing | g |
| ficial Form | 106D | | | | | |
| | | Nha Haya Cla | ima Casurad I | hu Dranautu | | 40/45 |
| nedule D. | Creditors v | VIIO Have Cla | illis Secureu i | by Property | | 12/15 |
| rect information | n. If more space | is needed, copy the | Additional Page, fill | it out, number the entri | | |
| Do any credit | ors have claims s | secured by your prop | perty? | | | |
| Ľ. | | | ourt with your other se | chedules. You have noth | ning else to report on th | is form. |
| art 1: List | t All Secured (| Claims | | | | |
| | | | | | | |
| claim, list the d | creditor separately particular claim, lis | for each claim. If most the other creditors i | ore than one | Column A Amount of claim Do not deduct the | Column B Value of collateral | Column C Unsecured |
| | ficial Form chedule D: as complete ar rect informatio the top of any Do any credit No. Chec Yes. Fill art 1: Lis List all secure claim, list the d | First Name Pebtor 2 pouse, if filing) First Name Inited States Bankruptcy Court for ase number known) Ficial Form 106D Chedule D: Creditors Value as complete and accurate as powerect information. If more space the top of any additional pages, Do any creditors have claims of the information art 1: List All Secured Claims. If a credition, list the creditor separately | First Name Middle Name bettor 2 pouse, if filing) First Name Middle Name nited States Bankruptcy Court for the: NORTHERN D ase number known) ficial Form 106D chedule D: Creditors Who Have Cla as complete and accurate as possible. If two marries rect information. If more space is needed, copy the the top of any additional pages, write your name and Do any creditors have claims secured by your property No. Check this box and submit this form to the complete and accurate as possible. If two marries rect information. If more space is needed, copy the the top of any additional pages, write your name and the top of any creditors have claims secured by your property of the complete and submit this form to | First Name Middle Name Last Name ebtor 2 pouse, if filing) First Name Middle Name Last Name nited States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLING ase number known) ficial Form 106D chedule D: Creditors Who Have Claims Secured I as complete and accurate as possible. If two married people are filing to rect information. If more space is needed, copy the Additional Page, fill the top of any additional pages, write your name and case number (if known or complete in all of the information below. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other set yes. Fill in all of the information below. List All Secured Claims List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one | First Name Middle Name Last Name abtor 2 pouse, if filing) First Name Middle Name Last Name hited States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS ase number known) ficial Form 106D chedule D: Creditors Who Have Claims Secured by Property as complete and accurate as possible. If two married people are filing together, both are equal rect information. If more space is needed, copy the Additional Page, fill it out, number the entrithe top of any additional pages, write your name and case number (if known). Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have noth yes. Fill in all of the information below. List All Secured Claims List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one | First Name Middle Name Last Name abtor 2 pouse, if filing) First Name Middle Name Last Name hited States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS ase number known) Check if this is amended filing ficial Form 106D chedule D: Creditors Who Have Claims Secured by Property as complete and accurate as possible. If two married people are filing together, both are equally responsible for supported information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this the top of any additional pages, write your name and case number (if known). Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on the Yes. Fill in all of the information below. List All Secured Claims List All Secured Claims. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$0.00

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| Fill in this inf | ormation to iden | tify your case: | | | |
|---------------------|------------------------|------------------|-----------|---|---------------------|
| Debtor 1 | William | | Kimmons | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | = | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States Bar | nkruptcy Court for the | RICT OF ILLINOIS | | | |
| Case number | | | | | Check if this is an |
| (if known) | | | | │ | amended filing |

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

| 1. | Do any creditors | s have priority | / unsecured | claims a | gainst you? |
|----|------------------|-----------------|-------------|----------|-------------|

✓ No. Go to Part 2.

✓ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.

Total claim Priority Nonpriority amount amount

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| Debtor 1 | William | | Kimmons | Case number (if known) | |
|-------------------------|----------------------------------|--------------------------------|-------------------------------|---|-------------|
| | First Name | Middle Name | Last Name | . , | |
| | | | | | |
| Part 2 | List All of | f Your NONPRIORIT | TY Unsecured Claims | | |
| 3. Do a | any creditors hav | e nonpriority unsecured | d claims against you? | | |
| 0. D0 t | | | | ourt with you other schedules | |
| | Yes | offiling to report in this par | i. Submit this form to the co | ourt with you other schedules. | |
| $\overline{\mathbf{V}}$ | 100 | | | | |
| | | - | • | of the creditor who holds each claim. | |
| | | | | r separately for each claim. For each claim lis an one creditor holds a particular claim, list the | • |
| | | • | | e Continuation Page of Part 2. | |
| | | | | | |
| | | | | | Total claim |
| 4.1 | | | | | **** |
| $\qquad \qquad \square$ | | - I | Last 4 divita of accoun | 4 mount on | \$302.00 |
| | nancial Services Creditor's Name | s, Inc. | _ Last 4 digits of accoun | | |
| 18001 Ó | ld Cutler Road, | , Suite#462 | When was the debt inc | | |
| Number | Street | | <u> </u> | the claim is: Check all that apply. | |
| | | | | | |
| Minusi | | FI 22457 C427 | Disputed | | |
| Miami City | | FL 33157-6437 State ZIP Code | Type of NONPRIORITY | unsecured claim | |
| | irred the debt? | Check one. | Student loans | unsecured claim. | |
| | or 1 only | | L-1 | out of a separation agreement or divorce | |
| | or 2 only or 1 and Debtor 2 | only | that you did not repo | • • | |
| | ast one of the debt | | = | profit-sharing plans, and other similar debts | |
| ☐ Chec | k if this claim is | for a community debt | | | |
| Is the cla | im subject to off | set? | | | |
| ☑ No | | | | | |
| ☐ Yes | | | | | |
| Collecti | ng for Acceleca | are Wound Prof of Ka | nsas PA | | |
| 4.2 | | | | | \$206.00 |
| Chicago | Medical Clinic | | Last 4 digits of accoun | t number | <u> </u> |
| Nonpriority | Creditor's Name | | When was the debt inc | urred? | |
| P.O. Box Number | Street | | As of the date you file, | the claim is: Check all that apply. | |
| - | | | _ Contingent | | |
| | | | Unliquidated | | |
| Libertyv | /ille | IL 60048 | Disputed | | |
| City Who incu | urred the debt? | State ZIP Code Check one. | Type of NONPRIORITY | unsecured claim: | |
| | or 1 only | Check one. | Student loans | | |
| Debte | or 2 only | | that you did not repo | out of a separation agreement or divorce | |
| _ | or 1 and Debtor 2 | | • | profit-sharing plans, and other similar debts | |
| ш | ast one of the debt | | Other. Specify | | |
| _ | | for a community debt | | | |
| | im subject to off | set? | | | |
| ✓ No ☐ Yes | | | | | |
| | | | | | |

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| Debtor 1 | William | | Kimmons Case number (if known) | |
|------------------------------|-------------------------------|---------------------------|---|-------------|
| | First Name | Middle Name | Last Name | |
| Part 2: | Your NO | IPRIORITY Unsecu | red Claims Continuation Page | |
| After listing previous pa | • | n this page, number the | m sequentially from the | Total claim |
| 4.3 | | | | \$1,083.00 |
| Consumer | s Credit Unio | on | Last 4 digits of account number | |
| Nonpriority Cre | editor's Name tate Parkway | | When was the debt incurred? | |
| | Street | | As of the date you file, the claim is: Check all that apply. | |
| Suite#850 | | | _ Contingent | |
| | | | ☐ Unliquidated ☐ Disputed | |
| Gurnee | | IL 60031 | | |
| City Who incurre | ed the debt? | State ZIP Code Check one. | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 | | Officer offic. | Student loans | |
| Debtor 2 | • | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Debtor 1 | 1 and Debtor 2 | • | Debts to pension or profit-sharing plans, and other similar debts | |
| ш | | ors and another | ☑ Other. Specify | |
| ☐ Check i | f this claim is f | or a community debt | _ | |
| | subject to offs | set? | | |
| ✓ No ☐ Yes | | | | |
| | | | | |
| 4.4 | | | | \$42,200.00 |
| | lursing & Re | hab Ctr. | Last 4 digits of account number | |
| Nonpriority Cre 2222 14th | _ | | When was the debt incurred? | |
| i i | Street | | As of the date you file, the claim is: Check all that apply. | |
| | | | _ Contingent | |
| | | | Unliquidated | |
| Waukegan | 1 | IL 60085 | ─ | |
| City | - 141 - 1-140 | State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| — B. B. G. G. | ed the debt? | Check one. | ☐ Student loans | |
| Debtor 2 | • | | Obligations arising out of a separation agreement or divorce | |
| _ | 1 and Debtor 2 | only | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ At least | one of the debt | ors and another | Other. Specify | |
| ☐ Check i | f this claim is t | for a community debt | | |
| | subject to offs | set? | | |
| ✓ No Yes | | | | |
| Yes | | | | |
| 4.5 | | | | \$474.00 |
| Mobilex | | | Last 4 digits of account number | |
| Nonpriority Cre | editor's Name brook Road | | When was the debt incurred? | |
| | Street | | As of the date you file, the claim is: Check all that apply. | |
| | | | _ Contingent | |
| | | | ☐ Unliquidated ☐ ☐ Disputed | |
| Sparks | | MD 21152 | | |
| City | ad the debte | State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 | ed the debt? I only | Check one. | Student loans | |
| Debtor 2 | • | | Obligations arising out of a separation agreement or divorce | |
| ш | 1 and Debtor 2 | only | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| | one of the debt | ors and another | Other. Specify | |
| ☐ Check i | f this claim is t | for a community debt | | |
| | subject to offs | set? | | |
| ✓ No Yes | | | | |
| 1 1 5 | | | | |

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| Debtor 1 William | Kimmons Case number (if known) | |
|--|--|----------------|
| First Name Middle Name | Last Name | |
| Part 2: Your NONPRIORITY Unse | ecured Claims Continuation Page | |
| After listing any entries on this page, number previous page. | them sequentially from the | Total claim |
| 4.6 | | \$3,614.00 |
| NCC Nationwide | Last 4 digits of account number | |
| Nonpriority Creditor's Name 815 Commerce Dr., Ste#270 | When was the debt incurred? | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | Contingent Unliquidated | |
| | — Disputed | |
| Oak Brook IL 60523-885 City State ZIP Code | | |
| Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| ✓ Debtor 1 only | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only | that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts | |
| | Other. Specify | |
| - | UL CONTRACTOR OF THE CONTRACTO | |
| Is the claim subject to offset? ✓ No | | |
| Yes | | |
| | | |
| 4.7 | | \$3,180.00 |
| Omnicare of Northern Illinois Nonpriority Creditor's Name | Last 4 digits of account number | |
| 8351 West Rockville Road | When was the debt incurred? | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | Contingent Unliquidated | |
| | Disputed | |
| IndianapolisIN46234CityStateZIP Code | Toward NONDRIGHTY | |
| Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 only | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only | that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Check if this claim is for a community del | Other. Specify | |
| Is the claim subject to offset? | | |
| ✓ No | | |
| Yes | | |
| 4.8 | | \$40.00 |
| | Local A digital of account number | \$49.00 |
| Preferred Podiatry Group, PC Nonpriority Creditor's Name | Last 4 digits of account number When was the debt incurred? | |
| 425 Huehl Rd., Unit#13 | | |
| Number Street | As of the date you file, the claim is: Check all that apply. Contingent | |
| | Unliquidated | |
| Northbrook IL 60062-232 | Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | ☐ Student loans | |
| Debtor 1 only Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 1 and Debtor 2 only | that you did not report as priority claims | |
| At least one of the debtors and another | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify | |
| Check if this claim is for a community del | | |
| Is the claim subject to offset? | | |
| ☑ No □ Yes | | |
| 1 1 150 | | |

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| Debtor 1 | William First Name Midd | Kimmo | | Case number (if known) |
|----------------------------|---|---|---|---|
| Part 3: | - | Notified About a Dek | | y Listed |
| For ex credite debts | ample, if a collection age or in Parts 1 or 2, then list | ncy is trying to collect from the collection agency he or 2, list the additional cr | om you for a debt you ere. Similarly, if you ha editors here. If you do | a debt that you already listed in Parts 1 or 2. owe to someone else, list the original ave more than one creditor for any of the o not have additional parties to be notified for |
| Andrew K | olb/Meyers & Flowers | On wi | hich entry in Part 1 or I | Part 2 did you list the original creditor? |
| | nd St., Ste. 300 Street | Line _ | of (Check one): | Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Saint Cha | | 60174 ZIP Code | I digits of account num | |

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| Debtor 1 | William | | Kimmons | Case number (if known) | |
|----------|------------|-------------|-----------|------------------------|--|
| | First Name | Middle Name | Last Name | , , , | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

| | | | Total claim |
|--------------------------|-----|---|-----------------------------|
| Total claims | 6a. | Domestic support obligations | 6a. \$0.00 |
| nom rait i | 6b. | Taxes and certain other debts you owe the government | 6b. \$0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. \$0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. + \$0.00 |
| | 6e. | Total. Add lines 6a through 6d. | 6d. \$0.00 |
| | | | Total claim |
| Total claims from Part 2 | 6f. | Student loans | 6f. \$0.00 |
| | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. \$0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. \$0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | ^{6i.} +\$51,108.00 |
| | 6j. | Total. Add lines 6f through 6i. | 6j. \$51,108.00 |

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| Fill in this inf | ormation to iden | tify your case: | | |
|---------------------|------------------------|-----------------|-------------------|---------------------|
| Debtor 1 | William | | Kimmons | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States Ba | nkruptcy Court for the | : NORTHERN DIST | TRICT OF ILLINOIS | |
| Case number | | | | Check if this is an |
| (if known) | | | | amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B*: *Property* (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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| | | | | | 1 | |
|----------|-------------------------------|-------------------------|--|---|------------------------|--------------------------|
| F | ill in this info | ormation to ider | ntify your case: | | | |
| D | ebtor 1 | William | | Kimmons | | |
| | | First Name | Middle Name | Last Name | | |
| | ebtor 2 | = | | | | |
| (8 | pouse, if filing) | First Name | Middle Name | Last Name | | |
| Uı | nited States Bar | nkruptcy Court for the | : NORTHERN D | ISTRICT OF ILLINOIS | | |
| C | ase number | | | | | Check if this is an |
| (if | known) | | | | | mended filing |
| | | | | | | |
| Of | ficial Form | 106H | | | | |
| | | Your Codeb | loro. | | | 40/45 |
| <u> </u> | nedule n: | Tour Codebi | tors | | | 12/15 |
| | Do you have a No Yes | of any Additional Pa | ages, write your na | or the entries in the boxes on a name and case number (if known nt case, do not list either spous | vn). Answer every ques | stion. |
| 2. | include Arizon | a, California, Idaho, I | | nity property state or territory New Mexico, Puerto Rico, Tex | , , , , | |
| | ✓ No. Go to | | snouse or legal e | quivalent live with you at the tin | ne? | |
| | ☐ No | your spouse, ronner | spouse, or legal el | quivalent live with you at the tin | | |
| | Yes | | | | | |
| 3. | person shows creditor on S | n in line 2 again as | a codebtor only if Form 106D), <i>Sch</i> e | ude your spouse as a codebt that person is a guarantor or dule E/F (Official Form 106E/I t Column 2. | cosigner. Make sure yo | ou have listed the |
| | Column 1: | Your codebtor | | | Column 2: The creditor | to whom you owe the debt |

Check all schedules that apply:

Official Form 106H Schedule H: Your Codebtors page 1

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| Fil | II in this inform | ation to identify | your case: | | | | | |
|-------------------------------|---|--|--|--|------------------|--------------------------------|------------------|--|
| | Debtor 1 | William | | Kimmon | s | | | |
| | | First Name | Middle Name | Last Name | | | Che | ck if this is: |
| 1 | Debtor 2 Spouse, if filing) | First Name | Middle Name | Last Name | | | | An amended filing |
| ` | Jnited States Bankru | | | DISTRICT OF IL | LINO | ıs | | A supplement showing postpetition |
| | Case number | ipicy Court for the. | NORTHERN | DIOTRIOT OF IL | | 10 | | chapter 13 income as of the following date |
| 1 - | if known) | | | | | | | MM / DD / YYYY |
| Off | icial Form 10 | <u>61</u> | | | | | | |
| Sc | hedule I։ Yoւ | ır Income | | | | | | 12/15 |
| resp inclu abou your | oonsible for supply ude information ab ut your spouse. If i r name and case no | ing correct information out your spouse. If more space is need | ation. If you ard f you are separ ded, attach a se Answer every d | e married and not rated and your spo eparate sheet to th | filing ouse i | jointly, and s not filing v | your : with y | l Debtor 2), both are equally spouse is living with you, ou, do not include information any additional pages, write |
| 1. | Fill in your employ | ment | | | | | | |
| | information. If you have more th | an one | | Debtor 1 | | | | Debtor 2 or non-filing spouse |
| | job, attach a separa | ate page Emplo | yment status | ☐ Employed | | | | Employed |
| | with information aboadditional employer | rs. | | ✓ Not employed | ed | | | ■ Not employed |
| | lactude new time e | Occup | ation | | | | | - |
| | Include part-time, s or self-employed we | · | yer's name | retired | | | | |
| | Occupation may inc | clude Emplo | yer's address | | | | | |
| | student or homema applies. | ker, if it | | Number Street | | | | Number Street |
| | | | | - | | | | _ |
| | | | | | | | | |
| | | | | | | | | |
| | | | | City | | State Zip Co | ode | City State Zip Code |
| | | How Id | ong employed t | here? | | | | |
| | oli o | | | | | | | |
| | | etails About Mo | | | | | | |
| | mate monthly inco filing spouse unless | | | n. If you have noth | ing to | report for ar | ny line | , write \$0 in the space. Include your |
| • | u or your non-filing s need more space, a | • | | er, combine the info | ormati | on for all em | ploye | rs for that person on the lines below. If |
| | | | | | | For Debtor | 1 | For Debtor 2 or non-filing spouse |
| 2. | List monthly gross payroll deductions). would be. | | | | 2. | \$ | 0.00 | |
| 3. | Estimate and list r | monthly overtime p | ay. | | 3. 🖣 | ÷\$(| 0.00 | |
| 4. | Calculate gross in | come. Add line 2 | + line 3. | | 4. | \$ | 0.00 | |

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| Debt | or 1 | William Kimmo | | | Case ni | ımbe | er (if known | າ) | | |
|------|----------------|--|-------------|----------------|-----------------------|-------|--------------|-----|--|----------------|
| | | First Name Middle Name Last Name | e | | For Debtor 1 | | For Debtor | | <u>. </u> | |
| | Сор | oy line 4 here | → | 4. | \$0.00 | | | | | |
| | | all payroll deductions: | | | | | - | | | |
| | | Tax, Medicare, and Social Security deductions | | 5a. | \$0.00 | | | | | |
| | 5b. | Mandatory contributions for retirement plans | | 5b. | \$0.00 | | | | | |
| | 5c. | Voluntary contributions for retirement plans | | 5c. | \$0.00 | | | | | |
| | 5d. | Required repayments of retirement fund loans | | 5d. | \$0.00 | | | | | |
| | 5e. | Insurance | | 5e. | \$0.00 | | | | | |
| | 5f. | Domestic support obligations | | 5f. | \$0.00 | | | | | |
| | 5g. | Union dues | | 5g. | \$0.00 | | | | | |
| | 5h. | Other deductions. Specify: | | 5h. + | \$0.00 | | | | | |
| 6. | | the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5h. | e + 5f + | 6. | \$0.00 | | | | | |
| 7. | Calc | culate total monthly take-home pay. Subtract line 6 from | m line 4. | 7. | \$0.00 | | | | | |
| 8. | List | all other income regularly received: | | | | | | | | |
| | 8a. | Net income from rental property and from operating a business, profession, or farm | | 8a. | \$0.00 | | | | | |
| | | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses the total monthly net income. | , | | | | | | | |
| | 8b. | Interest and dividends | | 8b. | \$0.00 | | | | | |
| | 8c. | Family support payments that you, a non-filing spouse, dependent regularly receive | or a | 8c. | \$0.00 | | | | | |
| | | Include alimony, spousal support, child support, maintenan divorce settlement, and property settlement. | ce, | | | | | | | |
| | 8d. | Unemployment compensation | | 8d. | \$0.00 | | | | | |
| | 8e. | Social Security | | 8e. | \$1,067.00 | | | | | |
| | 8f. | Other government assistance that you regularly receive | • | | | | | | | |
| | | Include cash assistance and the value (if known) or any nor cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Progor housing subsidies. | | | | | | | | |
| | | Specify: | | 8f. | \$0.00 | | | | | |
| | 8g. | Pension or retirement income | | 8g. | \$0.00 | | | | | |
| | 8h. | Other monthly income. | | | | | | | | |
| | | Specify: draw from IRA per month | | . 8h. + | \$700.00 | | | | | |
| 9. | Add | d all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + | 8g + 8h. | 9. | \$1,767.00 | | | | | |
| | | culate monthly income. Add line 7 + line 9. I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing | spouse. | 10. | \$1,767.00 |]+[| |] | =[| \$1,767.00 |
| | Inclu frien | te all other regular contributions to the expenses that you ude contributions from an unmarried partner, members of younds or relatives. Into the include any amounts already included in lines 2-10 or amounts. | ur househ | iold, yo | our dependents, yo | | | | | ıle J. |
| | _ | • | | | , , | · | | | | \$0.00 |
| | Spe | cify: | | | | | | 11. | +_ | <u> </u> |
| | | I the amount in the last column of line 10 to the amount in | | | | | | 12. | | \$1,767.00 |
| | | ome. Write that amount on the Summary of Your Assets and | Liabilities | and C | Certain Statistical I | nforr | nation, | | L | combined |
| | it it a | applies. | | | | | | | _ | nonthly income |
| 13. | Do۱ | you expect an increase or decrease within the year after | you file t | his for | m? | | | | | - |
| | | No. None. | - | | | | | | | |
| | | Yes. Explain: | | | | | | | | |
| | _ | | | | | | | | | |

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| F | ill in this inforn | nation to ident | ify your case: | | | Cho | ck if this | io | |
|-------------|--|--|---|--------------|----------------------|---------|---------------------|--------------------------|-------------------------------|
| | Debtor 1 | William | | Kimm | ions | | | ns. ended filing | |
| | 200101 | First Name | Middle Name | Last Na | | ᄖ | | ement showing | postpetition |
| | Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Na | me | | chapter followin | 13 expenses a g date: | s of the |
| | United States Bankı | ruptcy Court for the | : NORTHERN DIS | STRICT OF | FILLINOIS | | MM / D | D / YYYY | <u> </u> |
| 1 | Case number | . , | | | | | IVIIVI / DI | D/1111 | |
| | (if known) | - | | | |] | | | |
| <u>Of</u> | ficial Form 10 | <u>)6J</u> | | | | | | | |
| Sc | chedule J: Yo | our Expense | s | | | | | | 12/15 |
| cor | rect information. I | f more space is no er (if known). Ans | le. If two married pe eeded, attach anothe swer every question. | r sheet to t | | | | | |
| P | art 1: Descri | ibe Your Hous | ehold | | | | | | |
| 1. | Is this a joint cas | e? | | | | | | | |
| 2 | □ No | Debtor 2 live in a s | eparate household? | 2, Expenses | s for Separate House | hold of | f Debtor : | 2. | |
| 2. | Do you have depond on not list Debtor | ä | No Yes. Fill out this inforeach dependent. | | Dependent's relati | | p to | Dependent's age | Does dependent live with you? |
| | Debtor 2. | | .o. odon dopondom | | | | | | □ No |
| | Do not state the denames. | ependents' | | | | | | | Yes No Yes |
| | | | | | | | | | □ No - □ Yes |
| | | | | | | | | | □ No |
| | | | | | | | | | Yes |
| | | | | | | | | | □ No - □ Yes |
| 3. | Do your expense expenses of peopyourself and you | ple other than | ✓ No ☐ Yes | | | | | | |
| E | art 2: Estima | ate Your Ongo | ing Monthly Expe | enses | | | | | |
| Est to i | imate your expens | ses as of your ban | kruptcy filing date un e bankruptcy is filed. | nless you a | - | | | • | |
| | | | h government assist n Schedule I: Your In | - | | | | Your expens | ses |
| 4. | | | enses for your residence any rent for the groun | | | | 2 | 1 | |
| | If not included in | | - | | | | | | |
| | 4a. Real estate ta | axes | | | | | 4 | ła | \$83.00 |
| | 4b. Property, hor | neowner's, or rente | r's insurance | | | | 4 | łb | |
| | 4c. Home mainte | enance, repair, and | upkeep expenses | | | | 2 | łc | \$100.00 |
| | 4d. Homeowner's | s association or co | ndominium dues | | | | 4 | ld. | |

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Kimmons

| Debtor | 1 William | Kimmons | Case number (if known) | |
|--------|---|---|------------------------|----------|
| | First Name | Middle Name Last Name | | |
| | | | Your expenses | |
| 5. A | dditional mortgage p | ayments for your residence, such as home equity loans | 5. | |
| 6. U | tilities: | | | |
| 68 | a. Electricity, heat, na | atural gas | 6a. | \$300.00 |
| 6b | o. Water, sewer, garb | page collection | 6b | \$60.00 |
| 60 | c. Telephone, cell phocable services | one, Internet, satellite, and | 6c | \$140.00 |
| 60 | d. Other. Specify: _ | | 6d. | |
| 7. Fo | ood and housekeepir | ng supplies | 7. | \$325.00 |
| 8. C | hildcare and childrer | n's education costs | 8. | |
| 9. C | lothing, laundry, and | dry cleaning | 9. | \$30.00 |
| 10. P | ersonal care product | s and services | 10. | \$20.00 |
| 11. M | edical and dental ex | penses | 11. | |
| | ransportation. Includ re. Do not include car | e gas, maintenance, bus or train r payments. | 12. | \$275.00 |
| | ntertainment, clubs, l agazines, and books | recreation, newspapers, | 13. | \$10.00 |
| 14. C | haritable contribution | ns and religious donations | 14. | |
| _ | surance. | | | |
| | | e deducted from your pay or included in lines 4 or 20. | | |
| | 5a. Life insurance | | 15a | |
| | 5b. Health insurance | | 15b | |
| | 5c. Vehicle insurance | | 15c | \$111.00 |
| | 5d. Other insurance. | · · · | 15d | |
| 16. Ta | a a cifu u | e taxes deducted from your pay or included in lines 4 or 20. | 16. | |
| 17. In | stallment or lease pa | ayments: | | |
| 17 | 7a. Car payments for | r Vehicle 1 | 17a | |
| 17 | 7b. Car payments for | r Vehicle 2 | 17b | |
| 17 | c. Other. Specify: | | 17c | |
| 17 | d. Other. Specify: | | 17d | |
| | | nony, maintenance, and support that you did not report as ay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | |
| | | nake to support others who do not live with you. | | |
| SI | pecify: | | 19. | |

Debtor 1 William

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| Deb | tor 1 | William | | Kimmons | Case number (if kno | own) |
|-----|-------|---|--|---|---------------------------|-------------------|
| | | First Name | Middle Name | Last Name | | , |
| 20. | | er real property exp edule I: Your Incon | | in lines 4 or 5 of this form or o | on | |
| | 20a. | Mortgages on oth | er property | | 20a. | |
| | 20b. | Real estate taxes | | | 20b. | |
| | 20c. | Property, homeov | vner's, or renter's insu | rance | 20c. | |
| | 20d. | Maintenance, rep | air, and upkeep exper | nses | 20d. | |
| | 20e. | Homeowner's ass | sociation or condomini | um dues | 20e. | |
| 21. | Othe | er. Specify: | | | 21. | + |
| 22. | Calc | ulate your monthly | y expenses. | | | |
| | 22a. | Add lines 4 through | gh 21. | | 22a. | \$1,454.00 |
| | 22b. | Copy line 22 (mor | nthly expenses for De | otor 2), if any, from Official Form | n 106J-2. 22b. | |
| | 22c. | Add line 22a and | 22b. The result is you | ur monthly expenses. | 22c. | \$1,454.00 |
| 23. | Calc | ulate your monthly | y net income. | | | |
| | 23a. | Copy line 12 (you | r combined monthly ir | come) from Schedule I. | 23a. | \$1,767.00 |
| | 23b. | Copy your monthl | ly expenses from line | 22c above. | 23b. | \$1,454.00 |
| | 23c. | | nthly expenses from y monthly net income. | our monthly income. | 23c. | \$313.00 |
| 24. | Do y | ou expect an incre | ease or decrease in y | our expenses within the year | after you file this form? | |
| | | | , , , | or your car loan within the year o a modification to the terms of yo | , , , , , | |
| | | No. Yes. Explain here: None. | | | | |

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| Fill in this inf | ormation to | identify your case | : | | |
|---------------------------------|-----------------------|---------------------------|----------------------|-----------------|------------------------------------|
| Debtor 1 | William First Name | Middle Name | Kimmons Last Name | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States Bar | nkruptcy Court fo | or the: NORTHERN D | ISTRICT OF ILLINOIS | | |
| Case number (if known) | | | | | Check if this is an amended filing |
| Official Form | 106Sum | | | | |
| Summary of | Your Ass | ets and Liabilit | ies and Certain S | Statistical Inf | ormation |

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| Р | art 1: Summarize Your Assets | |
|----|--|------------------------------------|
| | | Your assets Value of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) | • |
| | 1a. Copy line 55, Total real estate, from Schedule A/B | \$47,500.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$206,440.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$253,940.00 |
| Р | art 2: Summarize Your Liabilities | |
| | | Your liabilities Amount you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$0.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | +\$51,108.00 |
| | Your total liabilities | \$51,108.00 |
| Р | art 3: Summarize Your Income and Expenses | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$1,767.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$1,454.00 |

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| Del | otor 1 | William | | Kimmons | Case numb | er (if known) | | |
|-----|--------|--------------------------|--------------------------------------|---|----------------------------|------------------------|---------------------|-----|
| P | art 4: | First Name Answer These | Middle Name Questions for | Last Name r Administrative and | d Statistical Recor | ds | | |
| 6. | Are yo | ou filing for bankrupto | cy under Chapter | s 7, 11, or 13? | | | | |
| | ш | o. You have nothing tes | o report on this pa | art of the form. Check this | s box and submit this for | m to the court with yo | ur other schedules. | |
| 7. | What I | kind of debt do you h | ave? | | | | | |
| | fa | amily, or household pu | rpose." 11 U.S.C. marily consumer | ots. Consumer debts are § 101(8). Fill out lines 8-debts. You have nothing dules. | -9g for statistical purpos | es. 28 U.S.C. § 159. | • | |
| 8. | | | | ly Income: Copy your tota Line 11; OR, Form 122C | • | e from | \$0 | .00 |
| 9. | Copy | the following special | categories of cla | ims from Part 4, line 6 c | of Schedule E/F: | | | |
| | | | | | | Total claim | | |
| | From I | Part 4 on Schedule E | F, copy the follo | wing: | | | | |
| | 9a. D | omestic support obliga | ations. (Copy line | 6a.) | | \$0.0 | <u>0</u> | |
| | 9b. Ta | axes and certain other | debts you owe the | e government. (Copy line | e 6b.) | \$0.0 | <u>0</u> | |
| | 9c. C | laims for death or pers | sonal injury while y | ou were intoxicated. (Co | ppy line 6c.) | \$0.0 | <u>0</u> | |

9d. Student loans. (Copy line 6f.)

priority claims. (Copy line 6g.)

9g. Total. Add lines 9a through 9f.

9e. Obligations arising out of a separation agreement or divorce that you did not report as

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

\$0.00

\$0.00

\$0.00

\$0.00

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| Fill in this info | ormation to i | dentify your case | : : | |
|--|---|--|--|---|
| Debtor 1 | William | | Kimmons | _ |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | E N | AP LU AL | | _ |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States Bar | nkruptcy Court fo | r the: NORTHERN [| DISTRICT OF ILLINOIS | _ |
| Case number | | | | Charle if this is an |
| (if known) | | | | Check if this is an amended filing |
| Official Form | 106Doo | | | |
| | | | | |
| Declaration | About an I | ndividual Deb | tor's Schedules | 12/15 |
| concealing proper | ty, or obtaining | money or property b | | dules. Making a false statement, bankruptcy case can result in fines up to 9, and 3571. |
| concealing proper \$250,000, or impri | ty, or obtaining sonment for up | money or property b to 20 years, or both. | y fraud in connection with a | bankruptcy case can result in fines up to 9, and 3571. |
| concealing proper \$250,000, or impri | ty, or obtaining sonment for up | money or property b to 20 years, or both. | oy fraud in connection with a 18 U.S.C. §§ 152, 1341, 151 | bankruptcy case can result in fines up to 9, and 3571. |
| Sig Did you pay o | ty, or obtaining sonment for up | money or property b to 20 years, or both. | oy fraud in connection with a 18 U.S.C. §§ 152, 1341, 151 | bankruptcy case can result in fines up to 9, and 3571. |
| Sig Did you pay o | ty, or obtaining sonment for up an Below or agree to pay some of person | money or property be to 20 years, or both. | by fraud in connection with a 18 U.S.C. §§ 152, 1341, 1519 | bankruptcy case can result in fines up to 9, and 3571. Dout bankruptcy forms? Attach Bankruptcy Petition Preparer's Notice, |

Date <u>04/11/2016</u>

MM / DD / YYYY

MM / DD / YYYY

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| Debtor 1 William Kimmons First Name Middle Name Last Name Debtor 2 (Spouse, if filling) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) Check if this is an amended filing Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married Not married | in this inf | ormation to id | dentify your case | | | |
|---|--|--|--|--|--|---|
| Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) Check if this is an amended filing Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married | | | | | | |
| Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) Check if this is an amended filing Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married | otor 1 | William | | Kimmons | | |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married | | First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? | | | | | | |
| Case number (if known) Check if this is an amended filing Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? | ouse, if filing) | First Name | Middle Name | Last Name | | |
| Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? | ed States Bar | nkruptcy Court for | the: NORTHERN D | ISTRICT OF ILLINOIS | | |
| Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? | e number | | | | — • • • • • • • • | |
| Statement of Financial Affairs for Individuals Filing for Bankruptcy Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? | | | | | — • • • • • • • • • • • • • • • • • • • | |
| Statement of Financial Affairs for Individuals Filing for Bankruptcy Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? | cial Form | 107 | | | | |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married | | | Affaira far Ind | ividuale Filipe for De | mlen mto. | 0 |
| correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before What is your current marital status? Married | | | | | | _ |
| ✓ Not married | | on. If more space | e is needed, attach a | separate sheet to this form. O | | |
| | rt 1: Giv What is your Married | on. If more space use number (if kn ve Details Abo current marital s | e is needed, attach a own). Answer every out Your Marital S | separate sheet to this form. On question. | n the top of any additional pages, write | |
| During the last 3 years, have you lived anywhere other than where you live now? No No | rt 1: Giv What is your Married | on. If more space use number (if kn ve Details Abo current marital s | e is needed, attach a own). Answer every out Your Marital S | separate sheet to this form. On question. | n the top of any additional pages, write | |
| Yes. List all of the places you lived in the last 3 years. Do not include where you live now. | rt 1: Giv What is your Married Vot married During the las | on. If more space is a number (if known to perfect the contract of the contrac | e is needed, attach a own). Answer every out Your Marital S status? | separate sheet to this form. On question. | ed Before | |
| 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Tex | rt 1: Giv What is your Married Not marrie During the last No | on. If more space see number (if known per life kno | e is needed, attach a cown). Answer every out Your Marital Status? | separate sheet to this form. On question. Status and Where You Live the status and where You Live the status and where you live now? | ed Before | |
| Washington, and Wisconsin.) | what is your Married Not married No Who Yes. List Within the las | on. If more space ase number (if known per life kno | e is needed, attach a cown). Answer every out Your Marital Status? you lived anywhere of the last 3 you lived in the last 3 you ever live with a spon out of the last 3 you ever live with a spon out | separate sheet to this form. On question. Status and Where You Live there than where you live now? The ears. Do not include where you have or legal equivalent in a co | ed Before live now. mmunity property state or territory? | |

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| Debtor 1 | William First Name | Middle Name | Kimmons Last Name | Case nur | mber (if known) | |
|--|---|---|--|--|--|--|
| Part 2 | Explain th | e Sources of Yo | our Income | | | |
| 4. Did you have any income from employment or from operating a business during this year or the two previous cale. Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. | | | | endar years? | | |
| | No Yes. Fill in the deta | ails. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions | Sources of income Check all that apply. | Gross income (before deductions and exclusions |
| | nuary 1 of the curr you filed for bankı | • | Wages, commissions, bonuses, tips | | Wages, commissions, bonuses, tips | |
| | | | Operating a business | | Operating a business | |
| | ast calendar year: | | Wages, commissions, bonuses, tips | | Wages, commissions, bonuses, tips | |
| (January | 1 to December 31, | <u>2015</u>) YYYY | Operating a business | | Operating a business | |
| For the o | calendar year befo | re that: | Wages, commissions, | | Wages, commissions, | |
| (January | 1 to December 31, | 2014) YYYY | bonuses, tips Operating a business | | bonuses, tips Operating a business | |
| Inclu uner and Deb | ude income regardle mployment; and oth gambling and lotter tor 1. | ess of whether that er public benefit pa y winnings. If you a | yments; pensions; rental inc | es of other income are come; interest; dividend ave income that you re | alimony; child support; Social ds; money collected from law eceived together, list it only on that you listed in line 4. | vsuits; royalties; |
| | No Yes. Fill in the deta | | , , | | ŕ | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions | Sources of income Describe below. | Gross income from each source (before deductions and exclusions |
| | nuary 1 of the curr you filed for bankı | • | Social Security | \$4,268.00 | | |
| | | | | | | |
| | ast calendar year: 1 to December 31, | 2015) | Social Security | \$12,804.00 | | |
| | calendar year before 1 to December 31, | | Social Security | \$12,000.00 | | |
| , | | <u> 2014)</u> YYYY | | | | |

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| Deb | otor 1 | William First Name | Middle Name | Kimmons Last Name | Case number (if | known) | |
|-----|--------------------------------------|---|--|--|--|---|-------------------------------|
| Р | art 3: | • | rtain Payments You | | led for Bankruptcy | | |
| 6. | | | 1's or Debtor 2's debts pr | | | | |
| | □ No. | Neither | • | s primarily consumer de | bts. Consumer debts are de | efined in 11 U.S.C. § 10 | 01(8) as |
| | | During t | he 90 days before you filed | for bankruptcy, did you pa | ay any creditor a total of \$6,4 | 125* or more? | |
| | | ☐ No. | Go to line 7. | | | | |
| | | ─ Yes. | total amount you paid that | creditor. Do not include p | \$6,425* or more in one or moayments for domestic supported to an attorney for this | ort obligations, such as | : |
| | | * Subjec | et to adjustment on 4/01/19 | and every 3 years after th | at for cases filed on or after | the date of adjustment | |
| | √ Yes | . Debtor | 1 or Debtor 2 or both have | e primarily consumer de | bts. | | |
| | _ | During t | he 90 days before you filed | for bankruptcy, did you pa | ay any creditor a total of \$60 | 0 or more? | |
| | | √ No. | Go to line 7. | | | | |
| | | — Yes. | | ayments for domestic sup | \$600 or more and the total a port obligations, such as chils bankruptcy case. | , , | |
| 7. | Insiders corporate agent, in such as | s include yo tions of whi ncluding on child supp | ur relatives; any general pa ch you are an officer, direc | artners; relatives of any getor, person in control, or o | ent on a debt you owed any neral partners; partnerships wner of 20% or more of their U.S.C. § 101. Include payn | of which you are a gen voting securities; and | eral partner; any managing |
| 8. | _ | | | y, did you make any pay | ments or transfer any prop | perty on account of a | debt that |
| | | ed an insid | er? on debts guaranteed or cos | igned by an insider. | | | |
| | √ No | | ayments that benefited an i | | | | |
| P | art 4: | Identify | / Legal Actions, Repo | ossessions, and For | reclosures | | |
| 9. | List all s | such matter | | | ny lawsuit, court action, or ns, divorces, collection suits, | • | - |
| | □ No ☑ Yes | s. Fill in the | details. | | | | |
| | se title | _ | Nature of | | Court or agency | | atus of the case |
| | enLake 1 hab | errance l | Nursing & collection | าร | cc of the 19th Jud Court Name | ıcıal, lake county | — Pending |
| | | | | | Number Street | | On appeal |
| Cas | se numbe | r <u>16AR25</u> | 1 | | - Street | | Concluded |
| | | | | | | | |
| | | | | | City | State ZIP Code | |

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| Deb | otor 1 | William First Name | Middle Name | Kimmons Last Name | Case number (if k | nown) | |
|---------------|--|--|---------------------|--|-------------------------------|---|-------------------|
| 10. | seized, | | filed for bankrup | otcy, was any of your proper | ty repossessed, foreclosed | d, garnished, attach | ed, |
| | _ | . Go to line 11. s. Fill in the informa | ation below. | | | | |
| 11. | Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? | | | | | | |
| | ✓ No □ Yes | s. Fill in the details. | | | | | |
| 12. | | | | otcy, was any of your proper ustodian, or another official? | | assignee for the be | nefit of |
| | ✓ No | 6 | | | | | |
| P | art 5: | List Certain (| Gifts and Con | tributions | | | |
| 13. | Within | 2 years before you | ı filed for bankrı | ptcy, did you give any gifts | with a total value of more t | han \$600 per perso | n? |
| | ✓ No ☐ Yes | s. Fill in the details | for each gift. | | | | |
| 14. | . Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? | | | | | | n \$600 |
| | ☑ No □ Yes | s. Fill in the details | for each gift or co | ontribution. | | | |
| P | art 6: | List Certain L | Losses | | | | |
| 15. | | 1 year before you lisaster, or gamblir | | otcy or since you filed for ba | nkruptcy, did you lose any | thing because of th | eft, fire, |
| | ✓ No ☐ Yes | s. Fill in the details. | | | | | |
| P | art 7: | List Certain F | Payments or | Transfers | | | |
| 16. | anyone | you consulted ab | out seeking ban | otcy, did you or anyone else kruptcy or preparing a bank | ruptcy petition? | | • |
| | | any attorneys, bani | kruptcy petition p | reparers, or credit counseling | agencies for services require | ed for your bankrupto | cy. |
| | ☐ No ✓ Yes | s. Fill in the details. | | | | | |
| | cket De | bt Counseling Vas Paid | | Description and value of ar | ny property transferred | Date payment or transfer was made | Amount of payment |
| Number Street | | | | | | 02/25/2016 | \$25.00 |
| | | | | | | | |
| City | | State | ZIP Code | | | | |
| | | te address | | | | | |
| Doro | an Milan N | lade the Payment if No | ot Vou | | | | |

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| Deb | otor 1 | William First Name | Middle Name | Kimmons Last Name | Case number (if known) | |
|---|---------------------------------|--|------------------------|--|---|-----|
| 17. | anyone | who promised to h | | ur creditors or to make | acting on your behalf pay or transfer any property to payments to your creditors? | |
| | ✓ No Yes. Fill in the details. | | | | | |
| 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other the property transferred in the ordinary course of your business or financial affairs? | | | | | | |
| Include both outright transfers and transfers made as security (such as granting of a security interest or mortgage on your prop Do not include gifts and transfers that you have already listed on this statement. | | | | | | |
| | ✓ No ☐ Yes | s. Fill in the details. | | | | |
| 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) | | | | | ch | |
| | ✓ No ☐ Yes | s. Fill in the details. | | | | |
| P | art 8: | List Certain F | inancial Account | s, Instruments, Saf | e Deposit Boxes, and Storage Units | |
| 20. | | 1 year before you fi , closed, sold, move | | vere any financial acco | unts or instruments held in your name, or for your | |
| | | | • | r financial accounts; cert s, and other financial ins | ificates of deposit; shares in banks, credit unions, broker titutions. | age |
| | ✓ No | s. Fill in the details. | | | | |
| 21. | - | now have, or did your ties, cash, or oth | • | r before you filed for ba | nkruptcy, any safe deposit box or other depository | |
| | ✓ No □ Yes | s. Fill in the details. | | | | |
| 22. | Have y No | ou stored property | in a storage unit or p | lace other than your ho | ome within 1 year before you filed for bankruptcy? | |
| | ب | s. Fill in the details. | | | | |
| P | art 9: | Identify Prope | erty You Hold or (| Control for Someor | ne Else | |
| 23. | - | hold or control any in trust for someor | | one else owns? Include | e any property you borrowed from, are storing for, | |
| | ✓ No ☐ Yes | s. Fill in the details. | | | | |

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| Deb | tor 1 | William | NAC LILL NI | Kimmons | Case number (if known) | |
|-----|----------------|---|--|---|--|--|
| | | First Name | Middle Name | Last Name | | |
| P | art 10: | Give Detai | Is About Enviro | nmental Information | | |
| or | the purp | oose of Part 10, | the following defin | itions apply: | | |
| ł | nazardoı | us or toxic subs | stance, wastes, or n | · | on concerning pollution, contamination, releases of , surface water, groundwater, or other medium, ances, wastes, or material. | |
| | | - | | ty as defined under any envir it, including disposal sites. | onmental law, whether you now own, operate, or | |
| | | | | vironmental law defines as a contaminant, or similar item. | hazardous waste, hazardous substance, toxic | |
| ₹ер | ort all n | otices, releases | s, and proceedings | that you know about, regardle | ess of when they occurred. | |
| 24. | Has an | y governmenta | l unit notified you th | nat you may be liable or poter | ntially liable under or in violation of an environmental | |
| | ✓ No | s. Fill in the deta | ails. | | | |
| 25. | ☑ No | ou notified any | | of any release of hazardous n | naterial? | |
| 26. | Have you | | in any judicial or a | dministrative proceeding und | der any environmental law? Include settlements and | |
| | ✓ No | s. Fill in the deta | ails. | | | |
| Pa | art 11: | Give Detai | ls About Your B | usiness or Connections | s to Any Business | |
| 27. | Within busines | - | you filed for bankru | ptcy, did you own a business | s or have any of the following connections to any | |
| | | A member of a A partner in a An officer, dire | a limited liability comp partnership ector, or managing ex | in a trade, profession, or other a pany (LLC) or limited liability pa secutive of a corporation and or equity securities of a corp | | |
| | _ | | ove applies. Go to Fit apply above and fill | Part 12. in the details below for each bu | usiness. | |
| 28. | | - T | you filed for bankru s, creditors, or othe | | statement to anyone about your business? Include | |
| | □ No | s. Fill in the deta | ails below | | | |

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| Debtor 1 | William | | Kimmons | Case number (if known) |
|---------------|--|-----------------------|-----------------------------|--|
| | First Name | Middle Name | Last Name | · / - |
| Part 12 | Sign Belov | / | | |
| that answer | ers are true and c by fraud in connec | orrect. I understand | that making a false stater | achments, and I declare under penalty of perjury ment, concealing property, or obtaining money or s up to \$250,000, or imprisonment for up to 20 years, |
| X /s/ Wil | liam Kimmons | | x | |
| William | Kimmons, Debtor | 1 | Signature of Debte | or 2 |
| Date _ | 04/11/2016 | | Date | |
| Did you at | ttach additional pa | ages to Your Statemen | nt of Financial Affairs for | Individuals Filing for Bankruptcy (Official Form 107)? |
| ✓ No ☐ Yes | | | | |
| Did you pa | ay or agree to pay | someone who is not | an attorney to help you f | ill out bankruptcy forms? |
| √ No | | | | |
| | Name of person | | | Attach the Bankruptcy Petition Preparer's Notice, |
| | | | | Declaration, and Signature (Official Form 119). |

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B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS CHICAGO DIVISION (EASTERN)

| In | re William Kimmons | Case No. | |
|----|--|--------------------------|---------------------------------|
| | | Chapter | 13 |
| | DISCLOSURE OF COMPENSATION OF A | TTORNEY FOR | DEBTOR |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I that compensation paid to me within one year before the filing of the petiti services rendered or to be rendered on behalf of the debtor(s) in contempts as follows: | ion in bankruptcy, or a | agreed to be paid to me, for |
| | For legal services, I have agreed to accept | \$4 | 1,000.00 |
| | Prior to the filing of this statement I have received | | \$0.00 |
| | Balance Due | \$4 | 1,000.00 |
| 2. | The source of the compensation paid to me was: | | |
| | ✓ Debtor Other (specify) | | |
| 3. | The source of compensation to be paid to me is: | | |
| | ✓ Debtor ☐ Other (specify) | | |
| 4. | ✓ I have not agreed to share the above-disclosed compensation with a associates of my law firm. | ny other person unle | ss they are members and |
| | ☐ I have agreed to share the above-disclosed compensation with anoth associates of my law firm. A copy of the agreement, together with a compensation, is attached. | | |
| 5. | In return for the above-disclosed fee, I have agreed to render legal service | e for all aspects of the | e bankruptcy case, including: |
| | a. Analysis of the debtor's financial situation, and rendering advice to the bankruptcy; | debtor in determining | g whether to file a petition in |
| | b. Preparation and filing of any petition, schedules, statements of affairs | and plan which may b | pe required; |
| | c. Representation of the debtor at the meeting of creditors and confirmat | ion hearing, and any | adjourned hearings thereof; |

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6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

SERVICES REQUESTED AFTER DISCHARGE AND/OR DISMISSAL REPRESENTATION OF THE DEBTOR IN ADVERSARY PROCEEDINGS

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

04/11/2016 /s/ Kenneth S. Borcia

Date Kenneth S. Borcia
Kenneth S. Borcia & Associates

1117 S. Milwaukee, Suite A-3 Libertyville, IL 60048

Phone: (847) 634-8800 / Fax: (847) 634-8932

Bar No. 3125988

/s/ William Kimmons

William Kimmons